



# ***Department for Medicaid Services***

## ***Update for January - March 2008***

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### ***Welcome Commissioner Johnson***

Effective January 2008, Elizabeth A. Johnson, Deputy Commissioner of the Kentucky Department for Employee Insurance, has been named Commissioner of the Department for Medicaid Services (DMS).

Johnson previously served as a legislative committee analyst with the Legislative Research Commission. She also served as counsel for the Kentucky Department of Insurance for six years. From 1996-99, Johnson was an administrative law judge with the former Cabinet for Health Services, following two years as a staff attorney with the Kentucky Court of Appeals. Johnson received a bachelor's degree from the University of Kentucky and a law degree from the Temple University School of Law.

### ***Acquired Brain Injury (ABI) Long Term Waiver***

The ABI Long Term Waiver is designed to provide long-term supports for individuals with brain injuries once they have worked through the intensive rehabilitation phase. The waiver that was submitted to the Centers for Medicare and Medicaid Services (CMS) was approved in February.

DMS has been developing a work plan for implementation of the waiver and working on draft regulations. DMS plans to share the draft regulation with the work group that helped with the waiver within the next couple of months. DMS also hopes to have the waiver operational by the end of the calendar year.

### ***Kentucky Transitions - Money Follows the Person (MFP) Grant***

Kentucky submitted the draft operational protocol for Kentucky Transitions, its Money Follows the Person Grant, to CMS for review at the beginning of November. The protocol was developed with the assistance of a broad-based steering committee and eight work groups, composed of state staff, advocates and providers from all sectors of Kentucky's long-term care and disability communities. The protocol includes information about project goals and policies and procedures, including participant recruitment and enrollment, informed consent and guardianship, outreach, benefits and services, quality management, and housing, among others. It proposes development of three transition waivers, designed to provide the extra services and supports needed by individuals who transition from nursing facilities and ICF/MRs to the community. A copy of the current protocol is available off the DMS Web site at <http://chfs.ky.gov/dms/MFP.htm>.

DMS has received another set of comments from CMS on the protocol. The MFP workgroups have been reinstated to review and develop protocol revisions. CMS has suggested that DMS include two tracks in the protocol, depending on whether the individual is transitioning from an ICF/MR or the individual is transitioning from a nursing facility.

### **Goods and Services**

“Goods and Services” is a new Consumer Directed Option (CDO) service which is being incorporated into the Home and Community Based (HCB), Supports for Community Living (SCL) and ABI waivers. It involves purchasing items or services which reduce the waiver participant’s need for personal care or enhance his or her independence within the home or community. The specific items purchased are highly personalized based on individual needs and are written into the participant’s support spending plan.

The procedure for requesting goods and services has been provided to support brokers. DMS has begun receiving budget requests and prior authorizations for goods and services.

### **Self Directed Option (SDO)**

In addition to the CDO program within the three waivers, Kentucky is working to develop the next step in self-determination. DMS has developed a state plan amendment to provide services for individuals with disabilities through a pilot SDO. The pilot is planned to serve 200 individuals in various parts of the state who are eligible for HCB, ABI and SCL waiver services. Through SDO, these individuals will create a highly personal budget and service plan specifically designed to meet their unique health needs. The demonstration is predicated on increasing safety and health by making effective use of committed long-term relationships and community connections to provide flexible, individually designed support services.

DMS continues to be involved in discussions/conference calls with CMS about the parameters of SDO. The formal State Plan Amendment was submitted in mid-November. A series of formal questions has been received from CMS in February. DMS is currently finalizing the response to those questions.

### **Regulations Update**

The following regulations were submitted to LRC recently. The emergency regulations were submitted, thus implementing the changes effective on the date the regulation was filed. The ordinary regulations will be going through the public comment process and legislative review. To view a copy of the emergency and ordinary regulations, visit the DMS Regulations, Statutes and Incorporated Material page at <http://chfs.ky.gov/dms/Regs.htm>.

- **907 KAR 1:011**- Technical Eligibility Requirements - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:013** - Diagnostic-related group (DRG) inpatient hospital reimbursement - deferred from ARRS as we intend to submit a new regulation to LRC with a new number of 907 KAR 1:825
- **907 KAR 1:038** - Hearing and Vision Program services - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:039** - Payments for hearing services - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4

- **907 KAR 1:044** - Community mental health center services - Submitted amended manual incorporated into regulation with LRC on March 14; Cleared ARRS on April 14; on track to be referred to the Appropriations and Revenue Committee in May
- **907 KAR 1:061** - Payments for ambulance transportation - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:054** - Primary care center and federally-qualified health center services - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:082** - Rural health clinic services - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:160** - Home and community based waiver services - Filed amended after comments (AAC) regulation at LRC on March 14; scheduled to be reviewed by ARRS April 14; deferred from ARRS until May
- **907 KAR 1:604** - Recipient cost-sharing - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:605** - Medicaid procedures for determining initial and continuing eligibility - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:631** - Reimbursement of vision program services - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:640** - Income Standards for Medicaid - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:645** - Resource Standards for Medicaid - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4
- **907 KAR 1:815** - Non-Diagnostic Related Inpatient Hospital Reimbursement - Cleared ARRS on April 14; on track to be referred to the Appropriations and Revenue Committee in May
- **907 KAR 1:820** - Disproportionate Share Hospital Distributions - Cleared ARRS on April 14; on track to be referred to the Appropriations and Revenue Committee in May
- **907 KAR 1:900** - *KyHealth Choices* Benefit Plans - Cleared Administrative Regulation Review Subcommittee (ARRS) Feb. 11; referred to Appropriations and Revenue Committee in March; was adopted April 4

***Do you have your National Provider Identifier (NPI)? The NPI is here. The NPI is now. Are you using it?***

The Department for Medicaid Services (DMS) would like to remind **providers and their billing vendors** that the National Provider Identifier (NPI) and the taxonomy must be obtained, on file and used in claims submission before the end of the contingency date of May 22, 2008. Since NPI is a Centers for Medicare and Medicaid Services (CMS) mandate that has been in effect since May 23, 2007, DMS chose to allow providers a contingency period.

Claims received by EDS for processing submitted with **both** the NPI and legacy provider number OR just a legacy provider number will **deny** effective May 23, 2008.

Note: The NPI is the only value acceptable in any provider ID field on a claim, effective May 23, 2008. A taxonomy should also be submitted along with the NPI on the claim, in the case where a provider has registered one NPI with DMS but has enrolled and is billing claims for multiple provider types.

Providers enrolled as Hands, Commission for Handicapped Children, Title V, First Steps, Impact Plus, and Non-emergency Transportation are considered atypical providers and are not required to submit an NPI and taxonomy on the claim. Atypical providers continue to submit the legacy provider number.

If you would like to check and see if **you or your billing vendor** needs or is using an NPI, or would like to learn how **you or your billing vendor** can obtain, file and use an NPI, refer to the following websites for more information:

- DMS NPI page at <http://chfs.ky.gov/dms/NPI.htm>
- CMS NPI information page at. <http://www.cms.hhs.gov/NationalProvIdentStand/>
- First Health (KyHealth Choices) NPI page at <https://kentucky.fhsc.com/kmaa/providers/npi.asp>

### ***New Program to Assist Prescribers in Managing Behavioral Health Drugs***

DMS is continuing to work on a program to help Kentucky prescribers with appropriate use and management of behavioral drugs, including atypical antipsychotics. A similar program has been implemented in over 20 states with very positive results. The program focuses on giving prescribers information on their patient profiles and prescribing patterns from claims, along with educational information about best practices in utilizing behavioral drugs. The program does not include any additional limitations on allowable drugs or additional prior authorization requirements. DMS will provide more detailed information to the mental health advocacy community and to implement the program within the next couple of months.

### ***DMS Healthy at Heart Initiative***

The Healthy at Heart™ program has begun again for 2008. Screenings include blood pressure, weight, cholesterol and glucose checks. Educational materials are given to all participants and counseling is available. The first health fair was March 29 in Prestonsburg in conjunction with the Floyd County Home and Garden Show at Jenny Wiley State Park. There were 90 screenings completed by staff. The next health fair was located in Richmond on April 12 and partnered with New Liberty Family Shelter and Foothills Community Action Outreach Office. There were 34 screenings completed by staff, who also enjoyed a bean soup and cornbread meal to raise money for the shelter, outreach office and diabetes awareness. Campbellsville was the next site for the April 19 health fair. More than 150 people were screened. The health fair was held in conjunction with Taylor Regional Hospital. The next health fair is scheduled for May 6 in Manchester. We will continue to have health fairs throughout the state. Updates will be given on our progress.